

Attorney Docket No.: 03864/000N107-US0

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Fee Summary Sheet (1 page)

Fee Transmittal (1 page)

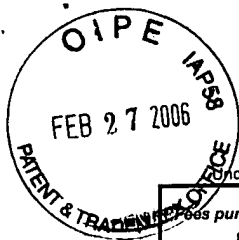
Check No 11317 in the amount of \$1,520.00

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Notice of Appeal (1 page)

Pre-Appeal Brief Request for Review (5 pages)

Return Receipt Postcard



FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/635,590-Conf. #1377
		Filing Date	August 5, 2003
		First Named Inventor	Kenichi Hanamata
		Examiner Name	R. M. Mancho
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3663	
TOTAL AMOUNT OF PAYMENT	(\$) 1,520.00	Attorney Docket No.	03864/000N107-USO

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: **04-0100** Deposit Account Name: **Darby & Darby P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$) **Fee Paid (\$)**

_____ _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

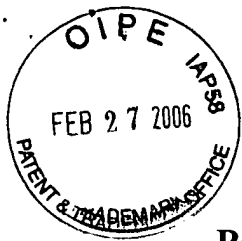
_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,020.00
1401 Notice of appeal	500.00

SUBMITTED BY		Registration No.	38,395	Telephone	(212) 527-7664
Signature	<i>Laura C. Brutman</i>	(Attorney/Agent)			
Name (Print/Type)	Laura C. Brutman	Date	February 27, 2006		

Express Mail Label No. _____ Dated: _____



FEE SUMMARY SHEET

Petition for Extension of Time Under 37 CFR 1.136(a) (PTO SB-22)

Date: February 27, 2006
Time: 10:46 AM
Docket: 03864/000N107-US0

Filing Date: August 5, 2003
Application No: 10/635,590
Total Fee: \$ 1,520.00

Code	Amount	37 CFR	Fee Description	Listed on
1253	1,020.00	1.17(a)(3)	Extension for response within third month	Fee Transmittal (PTO SB-17)
1401	500.00	41.20(b)(1)	Notice of appeal	Fee Transmittal (PTO SB-17)